FCC 395

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

COMMON CARRIER ANNUAL EMPLOYMENT REPORT
[Please read instructions before completing and for Notice regarding public burn

Approved by OMB 3060-0076 Est. time per response: 1 hour

		[Please read instructions before completing and for Notice regarding public burden.]															
SECTION 1 - General In																	
Name and Mailing Address of Respondent : The Farmers Telephone Company 525 Junction Rd Madison, WI 53717 FRN: 0003784154														Check here if this is a change of address			
Year Report Filed     2017		3. Reporting Period (Ending Date of Pay Period Covered by Report) January 2017  4. Number of Full-Time Employees during Selected Reporting Period (check a. x Fewer than 16 (complete Sections 1, IV, and V only)  b. ☐ 16 or more (complete all sections)													riod (check	one)	
SECTION II - Full Time	Employ	yees.															
		Number of Employees (Report employees in only one category)															
		Race/Ethnicity															
		1 noparito of							Not-Hispar	ic or Latino	)						
Job Categories		La	tino			Ma	ile		Female								
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N	
		Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Offici and Managers	als 1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9			1												0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11															0	

SECTION III - Part Time	e ⊵mpioye∈	es.					Nine	nhor of En	malayaaa							
Job Categories	Number of Employees (Report employees in only one category)															
								Race/Ethr	nicity							
	Hispanic or		Not-Hispanic or Latino													
	La	atino			Ma	ale	Female				-					
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N	
	Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers 1.1									+						0	
First/Mid-Level Officials and Managers 1.2															0	
Professionals 2															0	
Technicians 3															0	
Sales Workers 4															0	
Administrative Support Workers 5															0	
Craft Workers 6															0	
Operatives 7														8	0	
Laborers and Helpers 8															0	
Service Workers 9															0	
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL11			3												0	
SECTION IV - Report o	f Discrimin	ation Com	olaints Pur	suant to 47	CFR 22.32	1, 23.55, 90	0.168, 101.4	, and 101,	311							
X This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition																
SECTION V - Certificat	ion															
I certify that to the bes	t of my kno	wledge, in	formation,	and belief,	all stateme		report are	rue and c	orrect			<b>.</b>				
5/15/17	Typed or Printed Name of Person Signing  Signature  Signature  Telephone No (608)664-416															
Executive Vice P	residen	t		WILLFU AND/OI USC5	R REVOCAT	STATEME TION OF A	ENTS MADE NY STATIO	ON THIS N LICENSI	FORM AR E OR CON	RE PUNISH ISTRUCTIO	ABLE BY FI ON PERMIT	NE AND/O (47 U S C	R IMPRISO 312 (A)(1) A	NMENT (18 ND/OR FOI	BUSC 1001) RFEITURE (47	